

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

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|-----------------------|-------------------------------------|-------------------|-------------------|
| In re Application of: | Lo, et al. | Confirmation No.: | 1516 |
| Application No.: | 10/756,768 | Examiner: | SAUNDERS, DAVID A |
| Filed: | 01/14/2004 | Art Unit: | 1644 |
| For: | Method of detecting immune response | | |

Attention: Office of Petitions
Mail Stop Petition
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

**PETITION FOR REVIVAL OF AN APPLICATION FOR PATENT ABANDONED
UNINTENTIONALLY UNDER 37 CFR 1.137(b)**

Dear Sir:

Applicants are hereby entering a petition for revival of the above-identified application in order to pay a two-month extension fee to carry the pendency of application 10/756,768 through 2/15/2007. The payment for a two-month extension fee is submitted herewith.

If necessary, the Commissioner is hereby authorized to charge payment or credit any overpayment to Deposit Account No. 505112.

Should the Examiner have any questions, the Examiner may contact Applicants' representative at the telephone number below.

Respectfully submitted,

12/15/2009

/Trevor Chuang/

Date

Trevor Chuang, Reg. No. 55,073
Patent Agent for Applicants

UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

| REQUEST FOR PATENT FEE REFUND | | | | |
|---|-----------------------------------|-------------------------------------|-----------------------|--------------|
| 1 Date of Request: <u>03/15/10</u> | | 2 Serial/Patent # <u>10/756,768</u> | | |
| 3 Please refund the following fee(s): | | 4 PAPER NUMBER | 5 DATE FILED | 6 AMOUNT |
| | Filing | | | \$ |
| | Amendment | | | \$ |
| X | Extension of Time | wfee | 12/14/09 | \$ 245.00 |
| | Notice of Appeal/Appeal | | | \$ |
| | Petition | | | \$ |
| | Issue | | | \$ |
| | Cert of Correction/Terminal Disc. | | | \$ |
| | Maintenance | | | \$ |
| | Assignment | | | \$ |
| | Other | | | \$ |
| | | 7 TOTAL AMOUNT OF REFUND | | \$ 245.00 |
| | | 8 TO BE REFUNDED BY: credit card | | |
| | | Treasury Check | | |
| | | X | Credit Deposit A/C #: | |
| | | 9 | 5 | 0 -- 5 1 1 2 |
| 10 REASON: | | | | |
| | Overpayment | | | |
| | Duplicate Payment | | | |
| X | No Fee Due (Explanation): | | | |
| Extension submitted after abandonment | | | | |
| | | | | |
| | | | | |
| 11 REFUND REQUESTED BY: | | | | |
| TYPED/PRINTED NAME: <u>Sherry D. Brinkley</u> | | TITLE: <u>Petitions Examiner</u> | | |
| SIGNATURE: <u><i>Sherry D. Brinkley</i></u> | | PHONE: <u>(571) 272-3204</u> | | |
| OFFICE: <u>Office of Petitions</u> | | | | |
| ***** THIS SPACE RESERVED FOR FINANCE USE ONLY: ***** | | | | |
| APPROVED: <u><i>CEK</i></u> | | DATE: <u>3/18/10</u> | | |

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to: